

Division of Child and Family Services
Community-Based Child Abuse Prevention and Children's Trust Grant (Non-Medicaid)
Promoting Safe and Stable Families Grant (Non-Medicaid)
(FY2014)

Contractor Name: _____ Audit Date: _____

Contractor Number: _____ Program Name/Service: _____

NO.	Contractor Files	Details		
1	General Requirements (Attach C.) 1. Contractor prominent displays code of conduct poster 2. School-based program child abuse or neglect prevention program approved by superintendent or designee (if applicable) 3. Contractor attended a one-day training on Parent Leadership provided by National Resource Center - Includes 1-2 parents and 1-2 staff 4. Peer Review team in place within 6 mos. of contract start 5. Community Outreach – complete Human Services Directory information form and send to 211ut@uw.org 6. Provide link on website to DCFS prevention website 7. Develop plan for Child Abuse prevention activities in April. 8. Plant a pinwheel garden 9. Written protocol for reporting child abuse 10. Maintain log of CPS referrals Includes: name, time, date, allegations, whom referral was made 11. Method to evaluate effectiveness of program or Surveys offered at beg and end of program also called (Needs Assessments) TOTAL POSSIBLE POINTS: 11			
2	Staff File (Attach C.B-C & G.b) <ul style="list-style-type: none"> Background screening (annually) Signed Code of Conduct in file Trainings: staff is trained on protocol for reporting child abuse TOTAL POSSIBLE POINTS: 3/Staff	<u>Staff Name</u> Notes:	<u>Staff Name</u> 	<u>Staff Name</u>

3	Quarterly Activity Reports (Attach C L. 1.) <ul style="list-style-type: none"> • Contractor's name, address, city, zip code • Contact name, phone, and email • Program name • Contract Number • Amount billed • Brief description of the contract services • Quantitative information including unduplicated: <ul style="list-style-type: none"> ○ Number of children served ○ Number adults served ○ Number of families served ○ People with disabilities (as subset of children and families) ○ Encounters with children, adults, families, people with disabilities • Submitted within 30 days of quarter-end TOTAL POSSIBLE POINTS: 17	Qtr 1:	Qtr 2:
4	Annual Summary Report (Attach C L. 2.) <ul style="list-style-type: none"> • The contract agency name • Contract number • A brief description of the contract services • Total Contract amount. Total cash and in-kind matching funds provided • Summary of activities, achievements, and qualitative information (outcomes/results) • Description of implementation problems and barriers to accomplishing goals and objectives • Success story • Additional evaluation data • Submitted within 30 days of fiscal year-end TOTAL POSSIBLE POINTS: 9		
5	Billing (II H.) <ul style="list-style-type: none"> • Contractor's name • Billing address • Contract number • Dates of service • Costs itemized by category, and line-item referenced in the budget • Total reimbursement requested • Cash and in-kind match amounts provided for the billing period • Billed by 20th of the following month TOTAL POSSIBLE POINTS: 8	Billing Month 1:	Billing Month 2:
6	REIMBURSEMENT TESTING Total Reimbursements Sampled:	<u>Month 1</u>	<u>Month 2</u>

	<p>Six Month Special Projects 1-Time Report (specific to this element of contract- no match required)</p> <ul style="list-style-type: none">• Contractor’s name, address, city, zip code• Contact name, phone, and email• Program name• Contract Number• Amount billed• Brief description of the contract services• Quantitative information including unduplicated:<ul style="list-style-type: none">○ Number of children served○ Number adults served○ Number of families served○ People with disabilities (as subset of children and families)○ Encounters with children, adults, families, people with disabilities• Summary of activities, achievements, and qualitative information (outcomes/results)• Description of implementation problems and barriers to accomplishing goals and objectives• Success story• Additional evaluation data• Submitted within 30 days of fiscal year-end <p>TOTAL POSSIBLE POINTS: 17</p> <p>Points earned for reimbursement (invoice) testing:</p>	
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